

FILED FEB 3 1951 STANDARD CERTIFICATE OF DEATH

State File No. 43531
Registrar's No. 73

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 3405		Registrar's No. 73			
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MO. b. COUNTY Douglas					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson		0340			
d. FULL NAME OF HOSPITAL OR INSTITUTION L				d. STREET ADDRESS (If rural, give location) Rural Douglas County					
3. NAME OF DECEASED (Type or Print) Sitalda		a. (First)		b. (Middle) Hancock		c. (Last)			
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 16, 1861			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY House-wife		9. AGE (In years last birthday) 89		11. BIRTHPLACE (State or foreign country) Webster Co. Mo.			
13a. FATHER'S NAME Thomas Hunt		13b. MOTHER'S MAIDEN NAME Kerann Hunt		14. NAME OF HUSBAND OR WIFE William Hancock		12. CITIZEN OF WHAT COUNTRY? U.S.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Tom Hancock		ADDRESS 2000 Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Lestel Bushman L.R. 8				23b. ADDRESS Ava Mo		23c. DATE SIGNED 1-30-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 28/50		24c. NAME OF CEMETERY OR CREMATORY New Hope		24d. LOCATION (City, town, or county) (State) Evans, Mo.			
DATE REC'D BY LOCAL REG. 1-30-51		REGISTRAR'S SIGNATURE Lestel Bushman		25. FUNERAL DIRECTOR'S SIGNATURE New Barton		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

R. W. Barber

Licensed Embalmer No. _____

3848

P. O. Address _____

Mr. Home, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.